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# COMMISSION ON IMPROVING THE STATUS OF CHILDREN IN INDIANA

FEBRUARY 15, 2017



# AGENDA

- **Welcome and Introductions**
- **Approval of Minutes from Meeting on December 7, 2016**
- **Presentations by Commission Members**

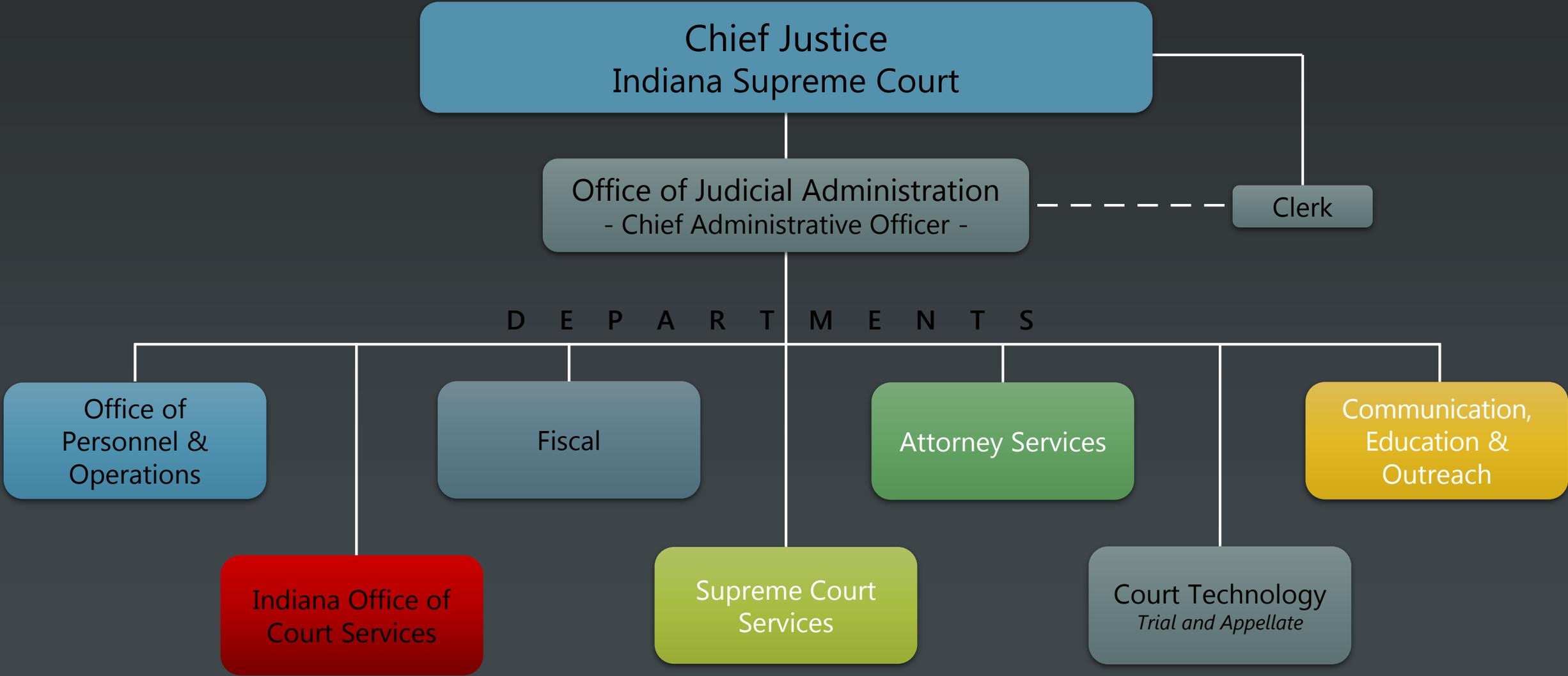


# Indiana Supreme Court

COMMISSION ON IMPROVING THE STATUS OF CHILDREN IN INDIANA

FEBRUARY 15, 2017

# One Judicial Administration



**INDIANA SUPREME COURT  
OFFICE OF JUDICIAL ADMINISTRATION**

Chief Justice Loretta Rush

Office of Judicial Administration  
Mary Willis  
Chief Administrative Officer

Indiana Office of Court Services  
(IOCS)  
Jane Seigel  
Executive Director

CIP Administrator

CIP Attorney

Domestic Violence  
Resource Attorney

Family Court/ADR Attorney

State Director GAL/CASA

Domestic Relations Committee

Indiana Council of Juvenile  
and Family Court Judges

Juvenile Justice  
Improvement Committee

# Children in Need of Services

## Increased Children in Need of a GAL/CASA

5,871 Children on waiting list for a Court Appointed Special Advocate

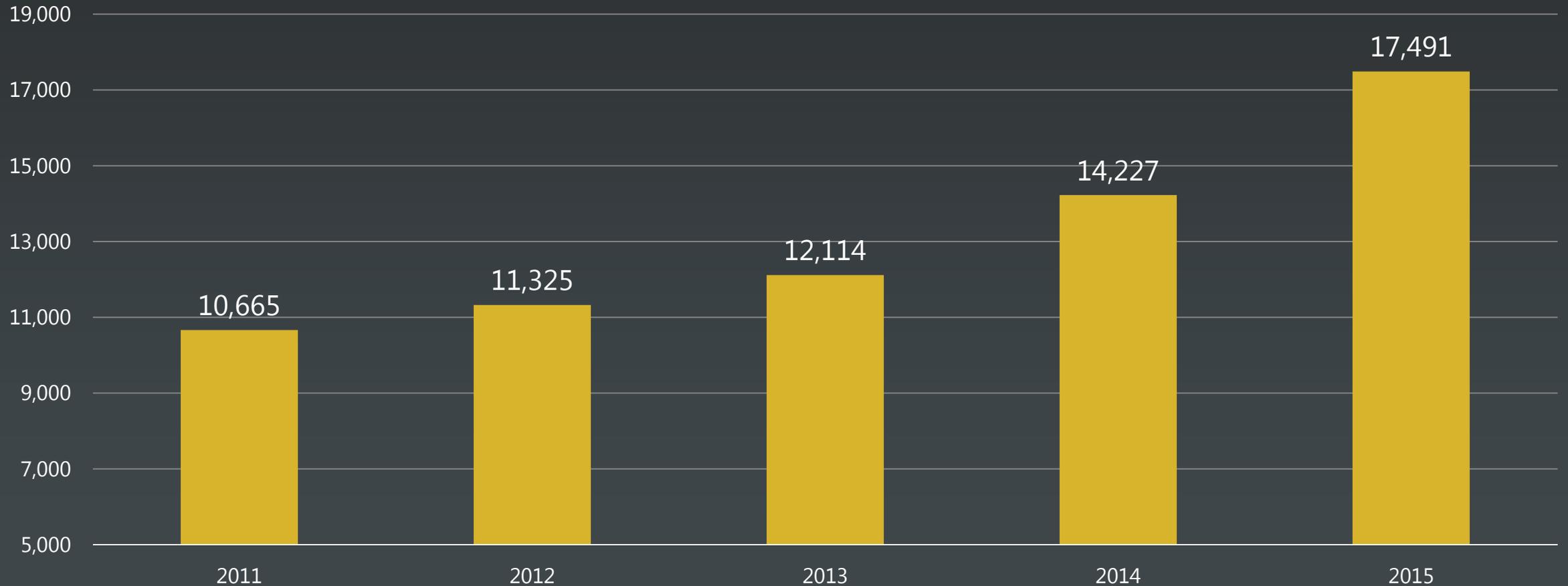
I.C. 31-34-10-3 provides the Court shall appoint a Guardian *ad litem* for every child.

New CHINS filings across the state have increased by 23% from 2014 to 2015.

# Increased Children in Need

## 64% Increase in CHINS filings from 2011-2015

CHINS Filings



# Administrative Work of the Court



The Indiana Supreme Court and all courts does much more than decide cases and write opinions.

The Court is constitutionally and statutorily charged with administrative responsibilities including:

- Making/enforcing trial and appellate court rules
- Oversight of nearly 19,000 lawyers
- Providing leadership and assistance to nearly 400 courts and 650 judicial officers

# Juvenile Detention Alternatives Initiative (JDAI)

- 32 Indiana counties
- 50% reduction in children being incarcerated
- Along with a corresponding 45% reduction in felony charges

# Constitution Day

- September 17, 2016
- More than 30 Indiana judges visited 28 schools
- Reached 2,000 students
- Judges provided with *Justice Case Files* graphic novels as educational materials
- Judges prompted students to consider their roles as citizen through lesson plans about the Constitution and jury duty

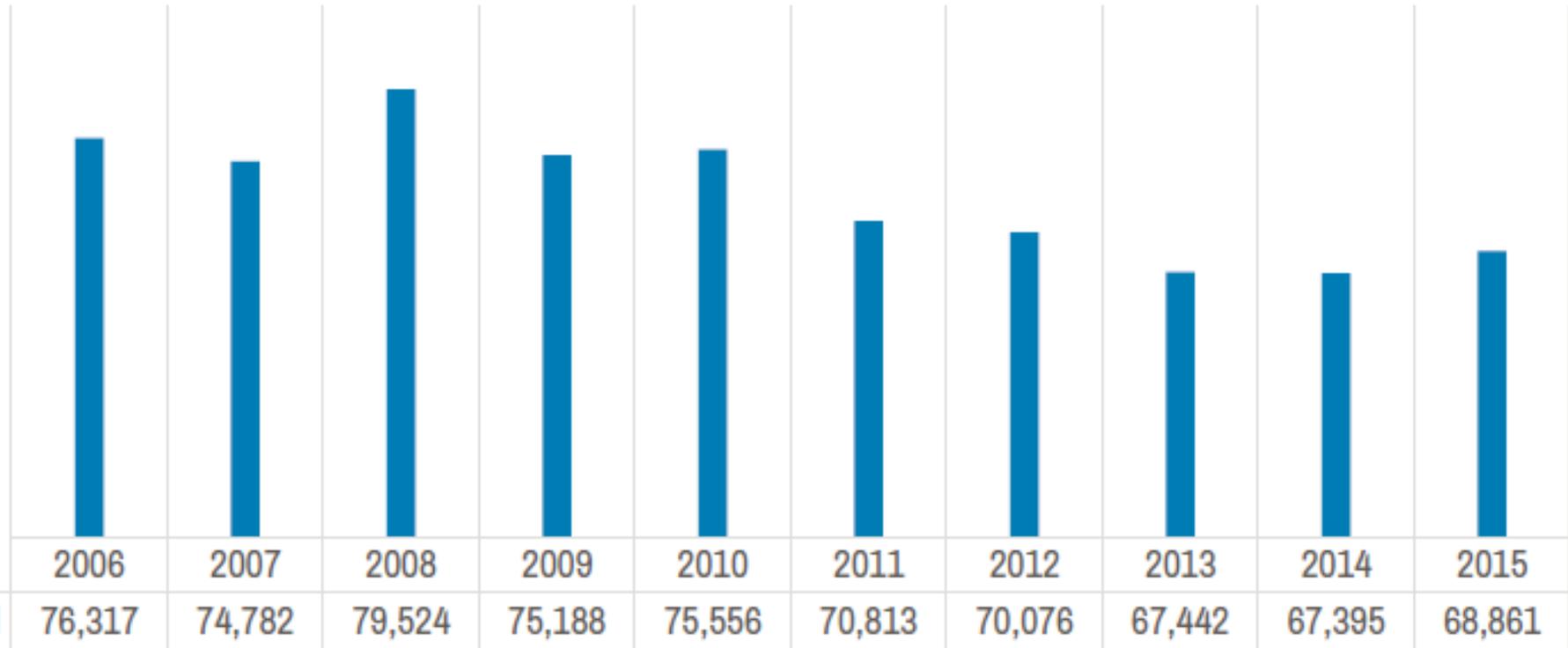


# Adoption Day



- November 19, 2016
- Events took place from November 4- November 23
- 20 Indiana trial courts participated in National Adoption Day
- Allowed families and press to photograph and videotape certain adoption proceedings
- The Court authorized cameras in court to celebrate the legal recognition of these forever families

# Total Juvenile Cases Filed

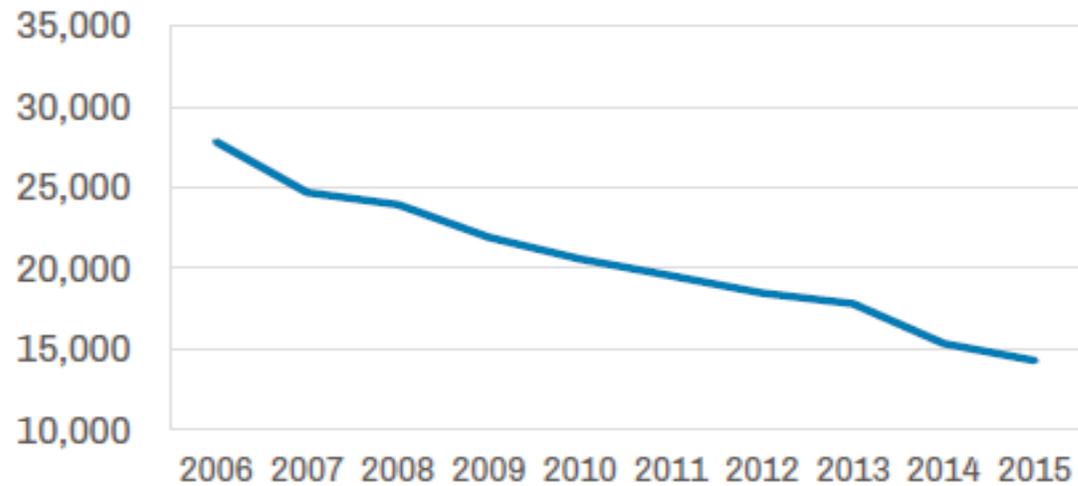


2006 to 2010  
1.0% ↓ Decrease in Filings

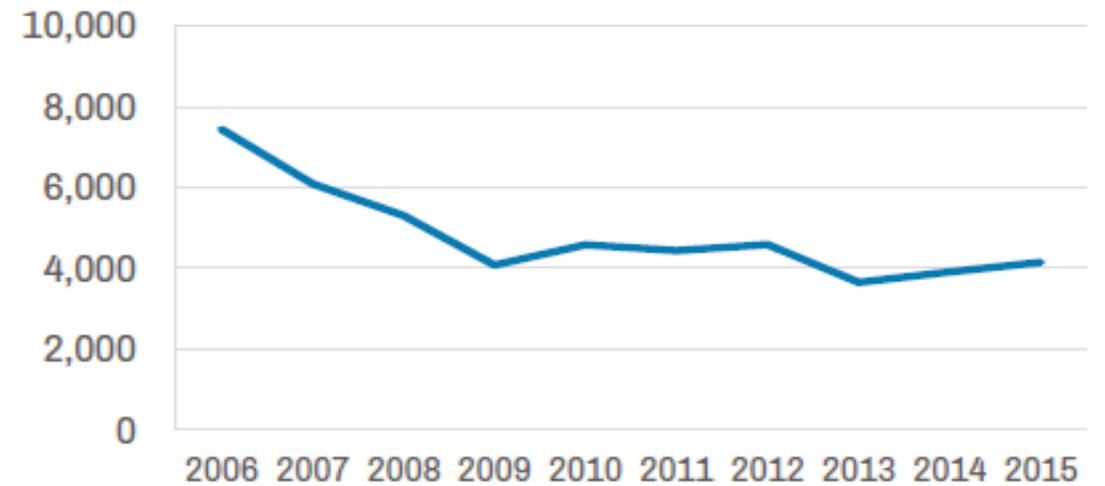
2011 to 2015  
2.8% ↓ Decrease in Filings

2006 to 2015  
9.8% ↓ Decrease in Filings

# Juvenile Delinquency Filings

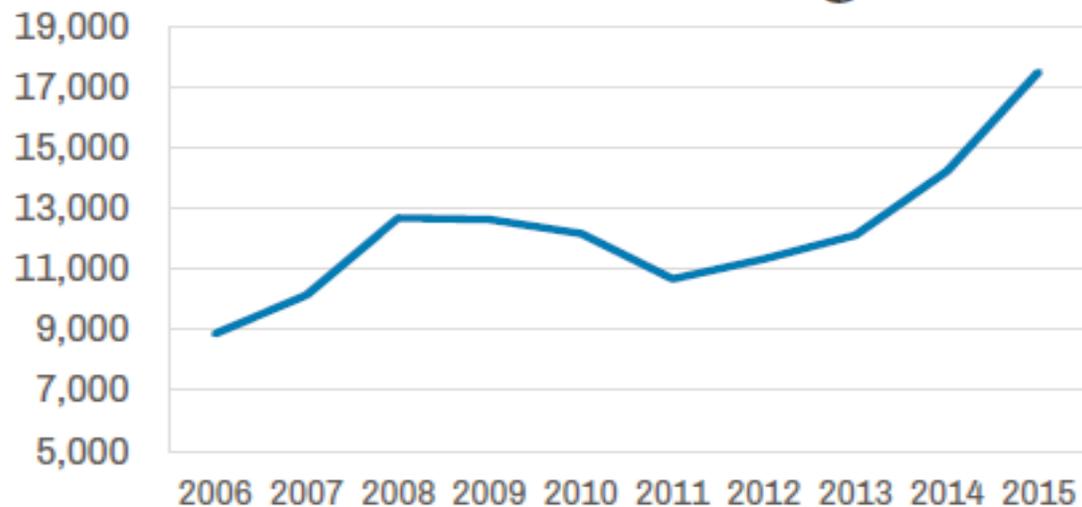


# Juvenile Status Filings



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Delinquency	27,835	24,706	23,939	21,914	20,585	19,553	18,480	17,818	15,350	14,297
Status	7,448	6,091	5,307	4,081	4,586	4,442	4,589	3,653	3,915	4,149
	2006 to 2010					2011 to 2015				
Delinquency	26% ↓ Decrease in Filings					26.9% ↓ Decrease in Filings				
Status	38.4% ↓ Decrease in Filings					6.6% ↓ Decrease in Filings				
	2006 to 2015									
Delinquency	48.6% ↓ Decrease in Filings									
Status	44.3% ↓ Decrease in Filings									

## CHINS Filings

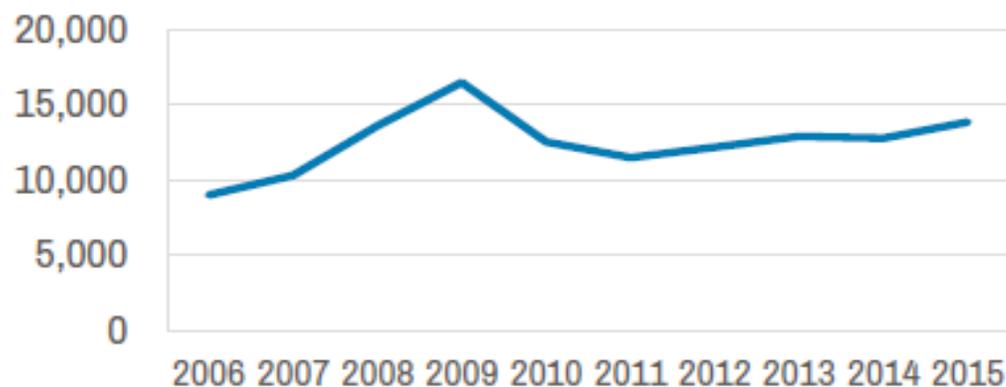


## Termination of Parental Rights Filings

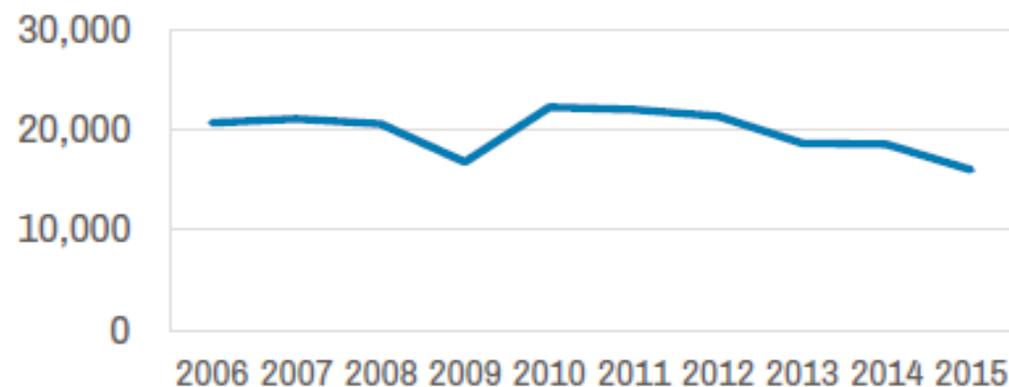


	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
CHINS	8,861	10,143	12,681	12,625	12,160	10,665	11,325	12,114	14,227	17,491
Term Parental Rights	2,553	2,504	3,485	3,378	3,502	2,718	2,222	2,355	2,648	3,121
	2006 to 2010					2011 to 2015				
CHINS	37.2 % ↑ Increase in Filings					64.0% ↑ Increase in Filings				
Term Parental Rights	37.2% ↑ Increase in Filings					14.8% ↑ Increase in Filings				
	2006 to 2015									
CHINS	97.4% ↑ Increase in Filings									
Term Parental Rights	22.2% ↑ Increase in Filings									

# Juvenile Miscellaneous Filings



# Juvenile Paternity Filings



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Miscellaneous	8,969	10,281	13,568	16,458	12,506	11,457	12,147	12,876	12,743	13,821
Paternity	20,651	21,057	20,544	16,732	22,217	21,978	21,313	18,626	18,512	15,982
	2006 to 2010					2011 to 2015				
Miscellaneous	39.4% <b>↑</b> Increase in Filings					20.6% <b>↑</b> Increase in Filings				
Paternity	7.6% <b>↑</b> Increase in Filings					27.3% <b>↓</b> Decrease in Filings				
	2006 to 2014									
Miscellaneous	54.1% <b>↑</b> Increase in Filings									
Paternity	22.6% <b>↓</b> Decrease in Filings									

# Indiana Judicial Branch: Children

- Juvenile Probation
- Child Support and Parenting Time Guidelines
- Dual Status Collaboration
- Regional Opioid Team
- Truancy Programs
- Problem Solving Courts
- And more



# Thank you!

**Indiana Supreme Court**

315 State House | Indianapolis, Indiana 46204

317-232-2540 | [courts.in.gov](http://courts.in.gov)



**INDIANA**  
DEPARTMENT OF  
**CHILD**  
SERVICES

# **Agency Updates for the Commission on Improving the Status of Children**

**February 15, 2017**

**Mary Beth Bonaventura, Director**

# Mission & Vision

- **Mission:** The Indiana Department of Child Services protects children from abuse and neglect, and works to ensure their financial support.
- **Vision:** Children thrive in safe, caring, supportive families and communities.
- DCS protects children who are victims of abuse or neglect and strengthens families through services that focus on family support and preservation. DCS also administers child support, adoption, and foster care throughout the state.



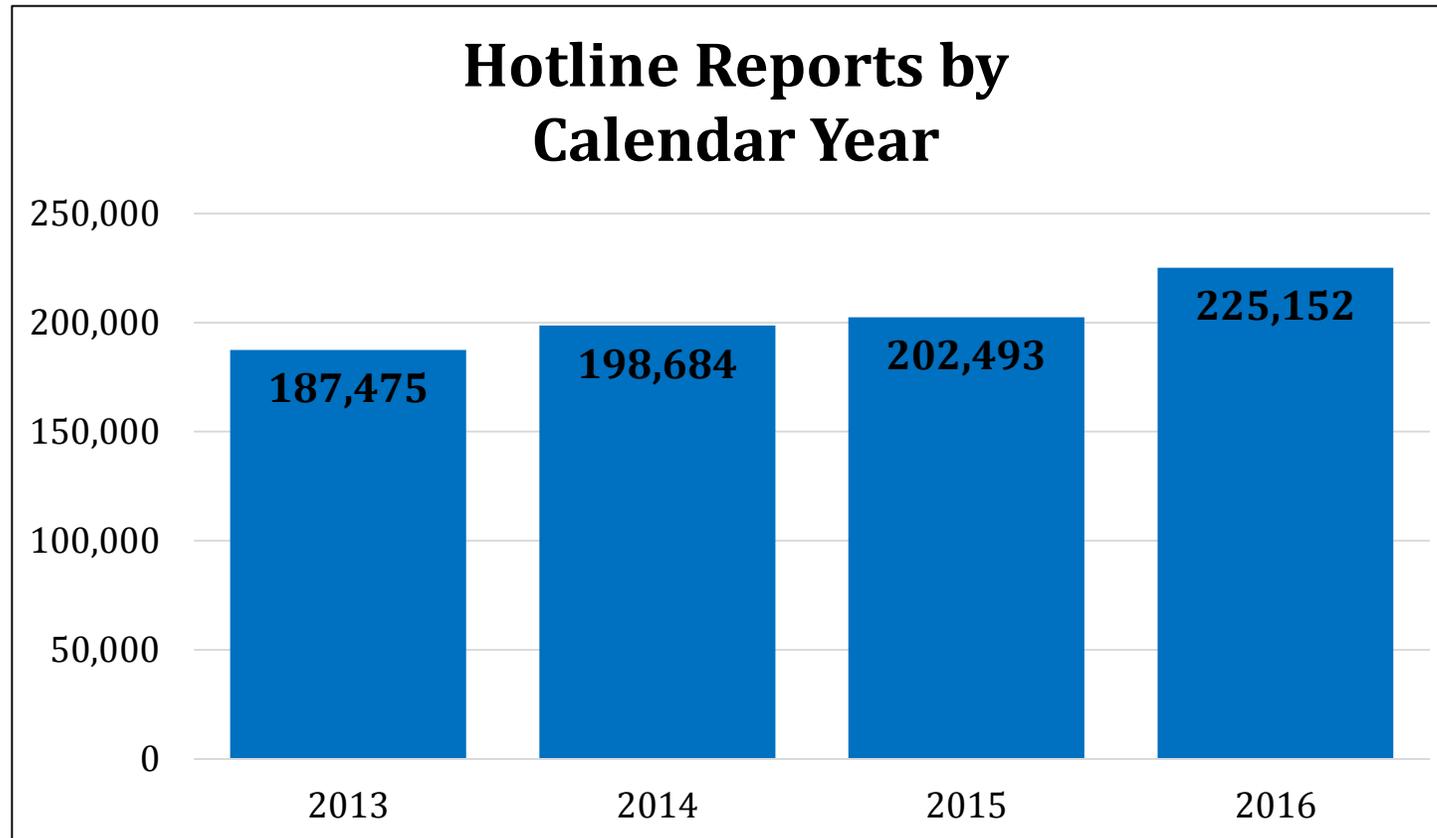
# Child Support Bureau

- Administers Indiana's Title IV-D child support program
- Title IV-D child support is state-administered and county-operated
- Federally-required child support functions:
  - Locating Absent Parents
  - Paternity Establishment
  - Support Order Establishment
  - Enforcement
  - Payment Processing
  - Disbursement
  - ISETS /INvest
  - Medical Support
- Parenting Time Helpline



# Child Abuse & Neglect Hotline

- 20% increase in reports since 2013



Source: MaGIK Hotline data



# SFY 2016 Case Numbers

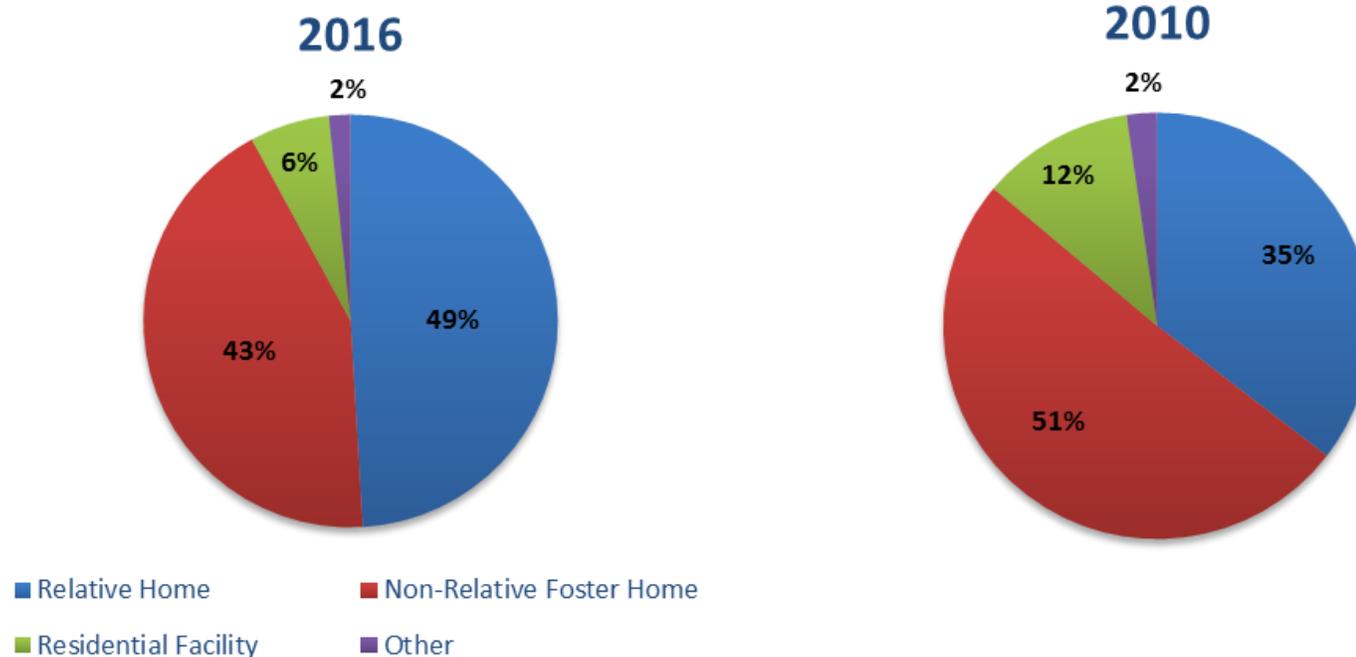
- At the end of SFY 2016, DCS had:
  - 8,883 open assessments
  - 25,307 open cases
- Of those 25,307 open cases:
  - 21,374 Child in Need of Services (CHINS) cases
  - 3,109 Informal Adjustments (IAs)
  - 824 Collaborative Care (older youth) cases



# CHINS Cases & Placement

- Of 21,374 open CHINS cases, 15,267 (71%) were placed in out-of-home care

## Out-of-Home Placement Breakdown

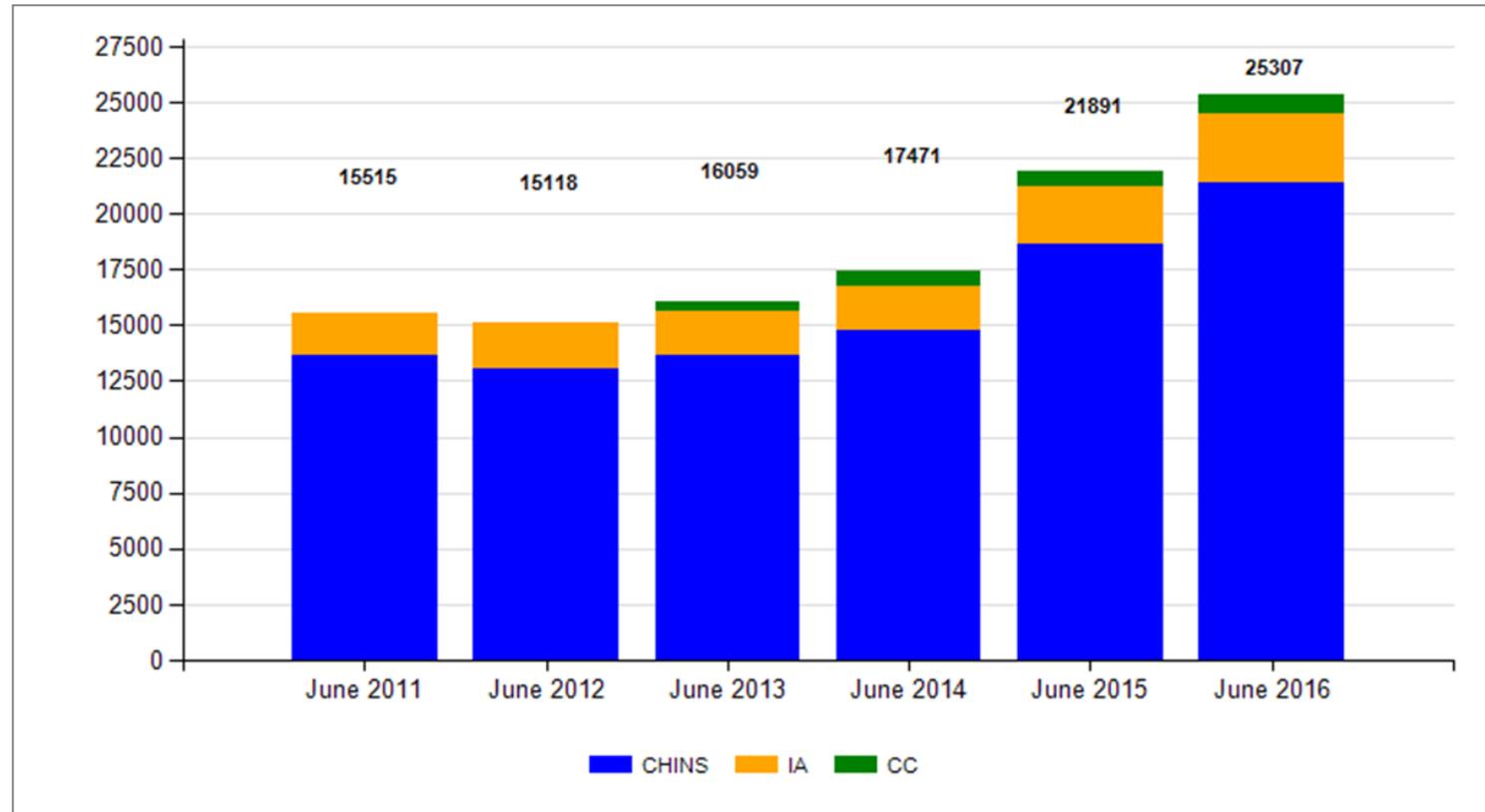


Source: MaGIK Monthly Data



Children thrive in safe, caring, supportive families and communities

# Historical Case Growth



Source: MaGIK Monthly Data

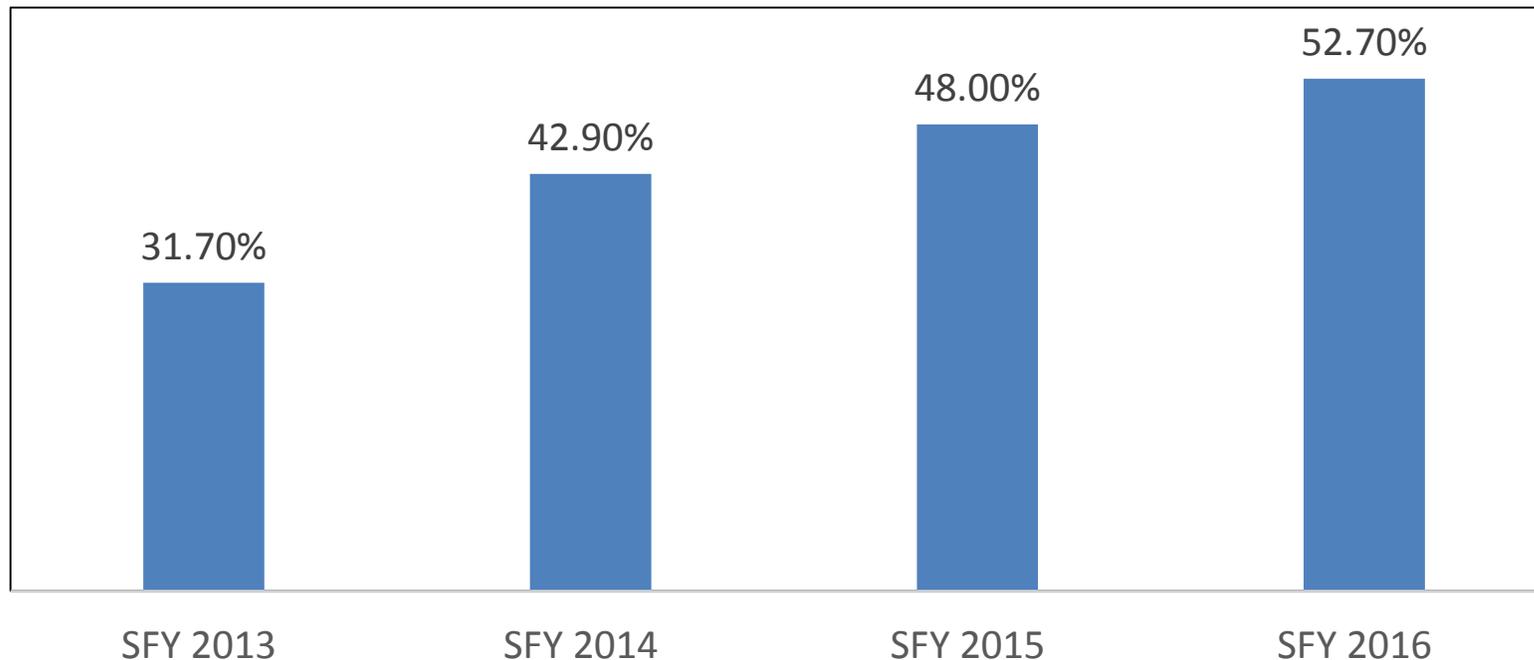


Children thrive in safe, caring, supportive families and communities

# Increase in Substance Use

- Top substances used are alcohol, marijuana, opiates, & meth

**Percentage of Children Removed from the Home with Alcohol and/or Substance Use Indicated as one of the Removal Reasons**



*Note: Counts reflect the number of children with parent alcohol abuse or drug abuse indicated as a removal reason as reported in the DCS Adoption and Foster Care Analysis and Reporting System (AFCARS) data that are reported annually to the federal Administration for Children and Families. Percentages are based on the total number of children removed from the home.*





**Indiana Child Abuse and Neglect Hotline**  
**1-800-800-5556**

# Commission on Improving the Status of Children in Indiana

Art Logsdon

Assistant Commissioner

Health and Human Services Commission

February 15, 2017



Indiana State  
Department of Health

# Agency Structure

- ▶ State Health Commissioner
- ▶ Deputy Health Commissioner and State Epidemiologist
- ▶ Chief Medical Officer
- ▶ Chief of Staff
- ▶ Four commissions ~ 800 employees
  - ▶ Health and Human Services
  - ▶ Health Care Quality and Regulatory
  - ▶ Public Health and Protection and Laboratory Services
  - ▶ Tobacco Prevention and Cessation
  - ▶ Epidemiology Resource Center

# ISDH Programs Serving Children

## Immunization

- Partners: VFC, Medicaid providers, juvenile justice system
- School immunization requirements, CHIRP

## Tobacco Prevention and Cessation

- Tobacco Quitline Youth Quit Coaches
- Partner with Medicaid to promote Quitline

## Trauma and Injury Prevention

- Suicide prevention, prescription drug abuse prevention
- Partner with DMHA, state drug task forces

## Office of Women's Health

- Sexual violence/rape prevention and education

## Environmental Health

- Lead poisoning prevention

# ISDH Programs Serving Children

## HIV/STD

- Test kits and funding for STD testing, treatment
- Case management and funding for eligible HIV +

## Women, Infants, and Children (WIC)

- Supplemental Nutrition Assistance Program (SNAP)
- Education/referrals: breastfeeding, drug abuse, social services

## Maternal and Child Health (MCH)

- Child home visiting program—Nurse Family Partnership
- Partner with DCS for Healthy Families Indiana

## Refugee Health

- Support for refugee children—partner with Medicaid

## Nutrition and Physical Activity

- Partner with IDOE, FSSA to improve nutrition and physical activity in schools

# ISDH Programs Serving Children

## Chronic Disease Prevention and Control

- Training resources for schools on asthma, asthma management

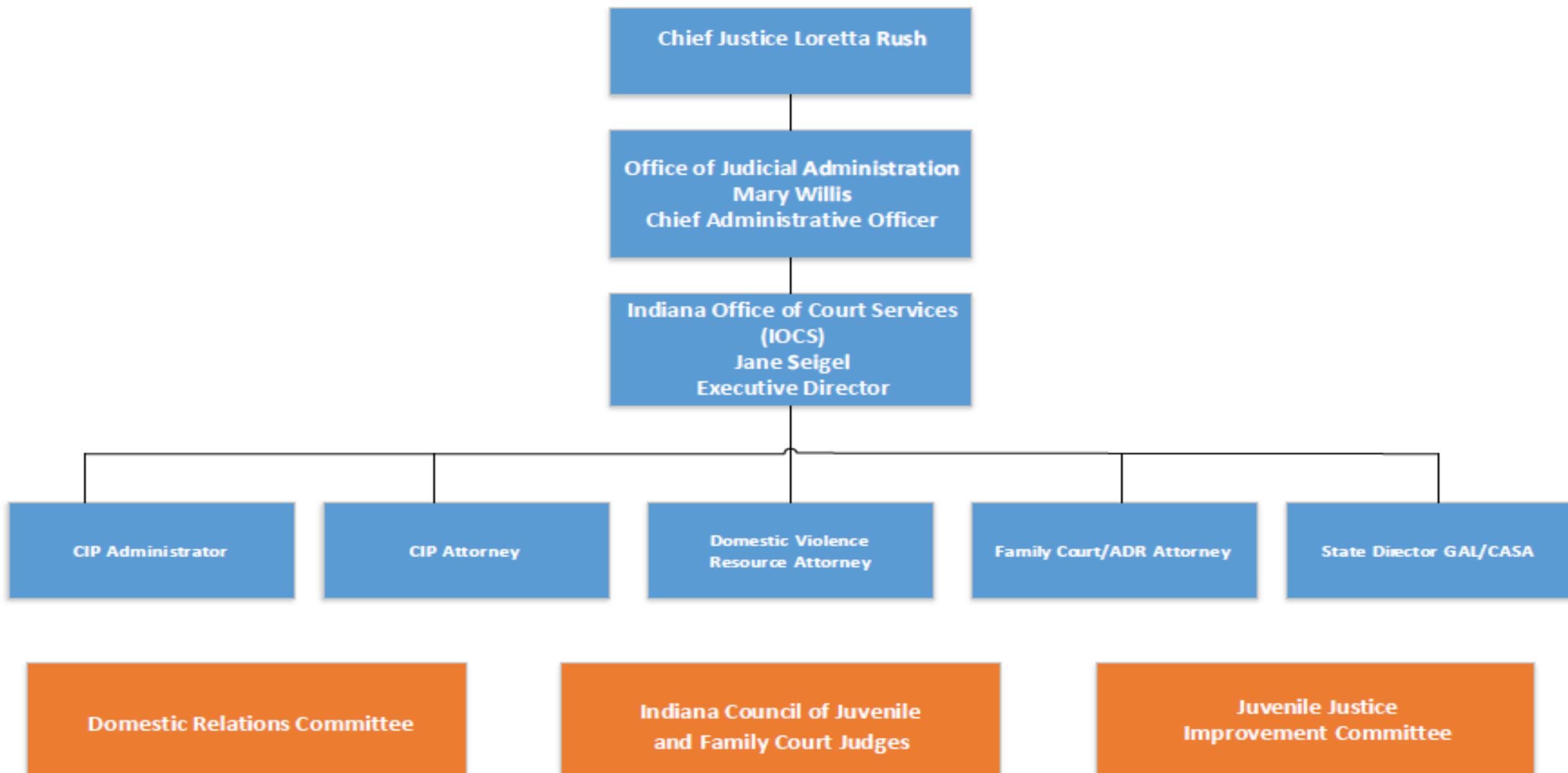
## Children with Special Health Care Needs

- Assist with resources for children with unmet medical needs
- Partner with Medicaid, DCS

## Oral Health

- Administer programs for preventive dental services to at-risk children
- Assist with community water fluoridation

**INDIANA SUPREME COURT  
OFFICE OF JUDICIAL ADMINISTRATION**





# Indiana Family and Social Services Administration

Jennifer Walthall, MD MPH  
Secretary

Ways and Means Committee  
February 2017

# Agency Overview



- Overall Budget \$13.9 Billion
- **FSSA** is organized into six care divisions plus administrative support:
  - Care divisions
    - Office of Medicaid Policy and Planning
    - Division of Disability and Rehabilitative Services
    - Division of Aging
    - Division of Family Resources
    - Division of Mental Health and Addiction
    - Office of Early Childhood and Out of School Learning



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## **Division of Disability and Rehabilitation Services (DDRS)**

# DDRS Organizational Structure



- Bureau of Child Development (First Steps)
- Bureau of Developmental Disabilities Services (BDDS)
- Bureau of Quality Improvement Services (BQIS)
- Bureau of Rehabilitation Services (BRS)
  - Vocational Rehabilitation Services (VR)
  - Blind and Vision Impaired Services (BVIS)
  - Deaf and Hard of Hearing Services (DHHS)
  - Independent Living Services (IL)

# DDRS 2016 Highlights



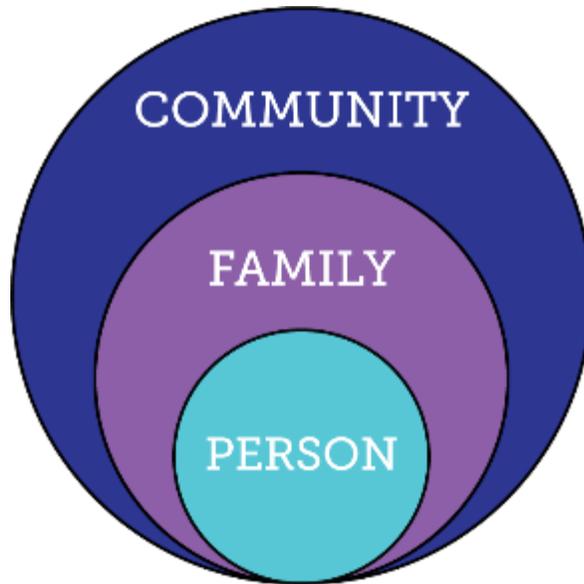
- Family Engagement through LifeCourse Framework Partnership
  - Establishes a common vision for building a flexible and sustainable model of services and supports for Hoosiers with disabilities
  - Supporting Families through the LifeCourse is a multi-state initiative.
- Workforce Innovation and Opportunity Act State Plan Submission and Approval
  - Vocational Rehabilitation worked closely with Department of Workforce Development to develop and submit a unified state plan.
- Pre-Employment Transition Services
  - VR awarded \$7 million in funding to 9 groups of providers to implement pre-employment transition services throughout the state. Job exploration, work-based learning experiences, counseling on opportunity for enrollment in postsecondary education, and instruction in self-advocacy.

# DDRS 2016 Highlights

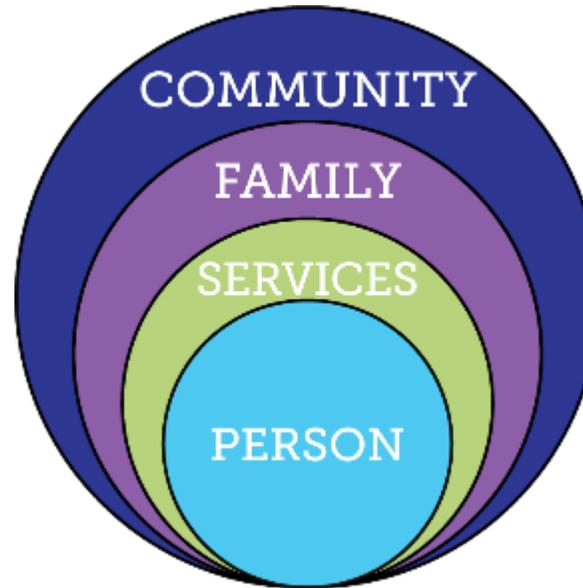


- Initial approval of Indiana's Statewide Transition Plan for Home- and Community-Based Services
  - In November 2016, Indiana received initial approval from CMS on the plan to fully transition any noncompliant services and settings to be fully integrated by 2019.
- Annual Performance Report Designation for First Steps
  - Indiana First Steps received the highest designation of “Meets Requirements” on the Annual Performance Report in February of 2016.

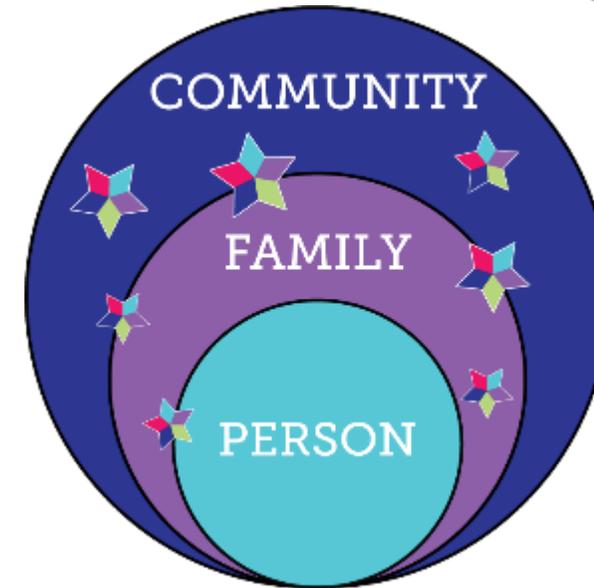
# Services and Supports are Evolving



Everyone exists within the context of family and community



Traditional Disability Services



Integrated Services and Supports within context of person, family and community

# DDRS 2017 Objectives



- **Improve Employment Outcomes for Individuals with Disabilities**
  - Improve competitive integrated employment opportunities for individuals with disabilities with a particular focus on student and youth populations and those individuals with the most significant disabilities
- **Home- and Community-Based Waiver Redesign**
  - Bureau of Developmental Disability Services will initiate activities to redesign waivers to align with the Home- and Community-Based Settings final rule and person-centered Life Course philosophy.
- **Identify Evidence-Based Practices to Support Indiana’s State Systemic Improvement Plan for Early Intervention (First Steps)**
  - First Steps will work with key stakeholders and subject matter experts to identify best practices for improving outcomes for low-income and minority children as part of Indiana’s State Systemic Improvement Plan.



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## **Division of Mental Health and Addiction (DMHA)**

# DMHA 2016 Highlights



- New psychiatric facility in partnership with Community Health Network. Scheduled to open in fall 2018 and will replace Larue Carter Memorial Hospital.
- Significant progress made toward moving the 6 state hospitals into an integrated, collaborative system.
- Launched Recovery Works Forensic Treatment Program. Serving over 8,200 felons with addiction and mental health treatment to date.
- In the first two years of the mental health and addiction loan assistance program, **DMHA was able to offer \$1.2 million to 120 clinical staff working in Indiana.**

# DMHA 2017 Objectives



- Addiction treatment – improved access
  - Work with OMPP for approval of the 1115 waiver for SUD services.
  - Expand access to Medication-Assisted Therapy through new opioid treatment programs.
  - Fund new SUD initiatives with the federal Opioid state targeted response grant.
- Forensic partnerships
  - Continue to expand Recovery Works access across the state.
  - Collaboration with Juvenile Detention Alternatives Initiative.
- Mental Health
  - Move state hospitals toward further system integration.
  - Development of the Neuro-Diagnostic Institute staffing and services plan.
  - Drive integrated care opportunities to enhance physical and behavioral health.



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# **Office of Early Childhood and Out-of-School Learning (OECOSL)**



# 2016 OECOSL Highlights

- Decreased CCDF waitlist to all-time low, serving 47,000 children
- [www.ChildCareFinder.in.gov](http://www.ChildCareFinder.in.gov)
  - Over 35,000 hits in less than three months
- Exceeded all metrics in Paths to Quality program (homes, centers, and ministries)
- Enrolled 2,400 children in On My Way Pre-K, with improved:
  - language comprehension
  - early literacy
  - executive functioning
  - reduction in behavior problems

# 2017 OECOSL Goals



- Statewide provider registry to facilitate training and professional development in order to enhance early childhood education quality and alignment
- Support and expand Paths to Quality programming
- Provide coaching to early childhood programs
- Provide continuous improvement education around safe child care environments
- Double the state's investment in pre-K



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## **Division of Family Resources (DFR)**

# DFR 2016 Accomplishments



- Processed 619,591 Health Coverage applications in 2016.
- Full Implementation of HIP 2.0
  - 428,440 recipients as of December 2016
  - Completed successful CMS onsite visit for HIP 2.0 visit with zero (0) corrective action plans
- Implemented processing of Medicaid applications for DOC and county jail inmates as a result of HEA 1269. Processed over 30,000 inmate applications to date.



## DFR 2017 Goals

- Implement Asset Verification System (AVS) to verify assets for the purposes of determining eligibility for Aged, Blind and Disabled Medicaid recipients and potentially reducing fraud
- Statewide implementation of Integrated Eligibility Determination and Services System (IEDSS)
- Develop additional TANF Block Grant MOUs/Contracts and refine the overall monitoring plan



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## **Office of Medicaid Policy and Planning (OMPP)**



# Indiana Medicaid

- 1.4 million members; \$11 Billion expenditures
  - 650,000 children
  - 400,000 adults
  - 40,000 pregnant women
  - 100,000 seniors
  - 210,000 people with disabilities
  - 110,000 dual eligibles

Note: Members can be in multiple categories



# Medicaid 2016

- HIP/Hoosier Healthwise Procurement
  - Selected Anthem, CareSource, MDwise & MHS
- Managed Care Reforms
  - Increased performance incentives for quality
  - Added nurse practitioners to PMP panels
  - Expanded access to IMDs for MH/SA treatment
- Created Gold Card Program
  - Prior Authorization not required for certain Suboxone prescribers
- Enrolled Inmates in Medicaid Upon Release
  - 26,071 inmates enrolled upon release
  - 75 of 92 counties participating

# Medicaid 2017



- Credentials Verification Organization (CVO)
  - Centralized entity for provider enrollment and credentialing with FFS & all MCEs
- Long-Term Care Reforms
  - Expanding home- and community-based options
- Expand Opioid Dependence and Addiction Services
  - Allow inpatient detox at IMDs and adding residential services
- Modernization go live 2.13.17



# Healthy Indiana Plan 2.0

- 405,480 enrolled as of 1/12/17
- 64% HIP Plus
- 60% of members <5% FPL pay for HIP Plus
- HIP Plus better results than HIP Basic
  - 86% Plus members received a preventive service vs 62% Basic members when enrolled 12 months
- 88 Employers in HIP Employer Link



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## Scope and Impact

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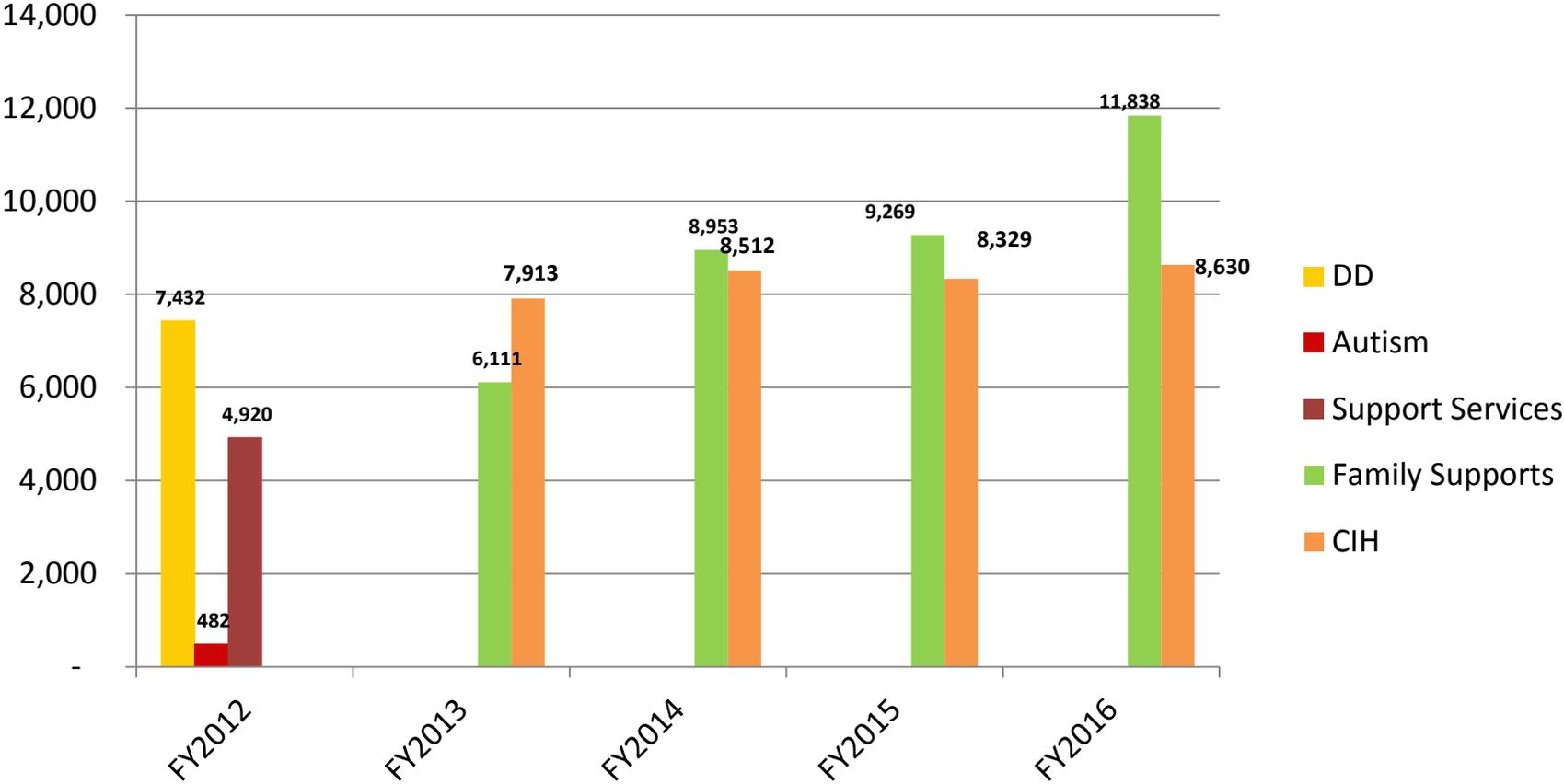
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# Number of Individuals Served

- First Steps Program
  - SFY2015 22,639
  - SFY2016 23,325
  
- Vocational Rehab Program
  - FFY2015 28,827
  - FFY2016 27,869

# Waiver counts: Total Served



# NUMBER OF HOOSIERS RECEIVING BENEFITS



<b>Enrollees by Program (as of June 30 annually)</b>										
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
<b>Medicaid</b>	877,933	920,332	1,017,571	1,088,637	1,110,188	1,127,015	1,160,979	1,187,565	1,363,467	1,484,535
<b>SNAP Recipients</b>	586,156	639,470	721,155	828,604	887,851	911,071	926,166	883,308	821,071	727,674
<b>SNAP Households</b>	253,443	273,876	306,562	352,566	384,840	402,893	416,111	399,255	373,207	318,127
<b>TANF</b>	117,311	122,743	119,912	104,004	69,906	39,374	29,715	23,595	20,153	17,447
<b>Number of Hoosiers enrolled in at least one program*</b>	943,343	1,013,429	1,114,950	1,250,774	1,295,799	1,324,689	1,339,057	1,335,755	1,409,370	1,436,834

\* Program totals are comprised of only unique recipients, not a sum of individual program data. Recipients are counted for each category of assistance received. Some individuals receive more than one category of Medicaid, and as a result, the number of Medicaid enrollees may be higher than the number enrolled in at least one program.

# Children Served Through Direct Services



Program	Children Served
CCDF Vouchers	45,615 (as of October 2016)
School Aged Child Care	4,588
Early Education Matching Grant	408 children (2016-2017 school year)
On My Way Pre-K	2,300 children (2016-2017 school year)



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## Questions and Comments

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# THE RIGHT TO COUNSEL IN INDIANA

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EVALUATION OF TRIAL LEVEL  
INDIGENT DEFENSE SERVICES



SIXTH  
AMENDMENT  
CENTER

# Executive Summary

## FINDINGS 1-3:

Indiana has no mechanism to ensure that its constitutional obligation to provide effective counsel to indigent accused is met

- in misdemeanor cases
- in counties that do not participate in PD Commission reimbursement program
- in capital cases in counties that do not seek state reimbursement.

## FINDING 4:

The Public Defender Commission is understaffed

# Executive Summary

## FINDING #5: Judges in some counties

- encourage defendants to negotiate directly with prosecutors before being appointed counsel
- accept uncounselled pleas at initial hearings, and/or
- use non-uniform indigency standards to deny counsel to defendants who would otherwise qualify in another county

## FINDING #6:

- Counties not in the reimbursement system are not required to comply the PD Commission standards

## FINDING #7: The public defense systems in many Indiana counties have

- undue judicial interference
- undue political interference
- flat-fee contracts, that produce conflicts between the lawyer's self-interest and the defendant's right to effective representation
- excessive caseloads

# RESPONSE OF PUBLIC DEFENDER COMMISSION

## HB 1405 - 2017

- Authorizes reimbursement in misdemeanor cases (\$5m)
- Increases non-capital reimbursement from 40% to 50% (\$5m)

## Creation of a Task Force to

- study the findings and recommendations of the Sixth Amendment Center Report
- make recommendations to Supreme Court and General Assembly re: structure and funding of indigent defense services in Indiana

# CHINS

## Comparison of Cases from 2006-2015 Cases Filed–All Courts

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
<b>Criminal/Civil Violations</b>										
Murder	228	209	209	225	205	193	235	246	271	232
Class A Felony	2,829	2,765	2,784	2,745	2,589	2,666	2,424	2,514	2,173	345
Class B Felony	5,906	5,741	6,187	6,578	6,889	7,108	7,289	7,300	4,922	391
Class C Felony	10,039	10,009	9,808	9,227	8,866	9,638	9,719	9,391	6,285	761
Class D Felony	48,985	51,230	52,172	51,524	50,661	51,720	52,363	52,579	28,597	1,023
Level 1 Felony	-	-	-	-	-	-	-	-	159	421
Level 2 Felony	-	-	-	-	-	-	-	-	409	1,261
Level 3 Felony	-	-	-	-	-	-	-	-	869	2,152
Level 4 Felony	-	-	-	-	-	-	-	-	1,283	3,162
Level 5 Felony	-	-	-	-	-	-	-	-	3,755	9,966
Level 6 Felony	-	-	-	-	-	-	-	-	17,601	43,868
Misdemeanor	197,372	200,071	195,551	188,889	183,946	173,408	168,472	151,853	138,384	140,161
Post-Conviction	878	999	992	1,049	1,207	1,362	1,460	1,349	987	1,035
Misc. Criminal	24,335	26,859	25,560	27,881	31,372	32,844	35,102	37,855	44,922	51,023
Infractions	774,286	852,868	930,004	912,591	822,226	721,089	662,213	601,209	477,450	501,825
Ord. Violations	102,065	96,234	108,686	111,880	107,037	99,640	99,451	95,746	85,420	78,406
<b>Sub-Total</b>	<b>1,166,923</b>	<b>1,246,985</b>	<b>1,331,953</b>	<b>1,312,589</b>	<b>1,214,998</b>	<b>1,099,668</b>	<b>1,038,728</b>	<b>960,042</b>	<b>813,487</b>	<b>836,032</b>
<b>Juvenile</b>										
CHINS	8,861	10,143	12,681	12,625	12,160	10,665	11,325	12,114	14,227	17,491
Delinquency	27,835	24,706	23,939	21,914	20,585	19,553	18,480	17,818	15,350	14,297
Status	7,448	6,091	5,307	4,081	4,586	4,442	4,589	3,653	3,915	4,149
Paternity	20,651	21,057	20,544	16,732	22,217	21,978	21,313	18,626	18,512	15,982
Miscellaneous	8,969	10,281	13,568	16,458	12,506	11,457	12,147	12,876	12,743	13,821
Term. Par. Right	2,553	2,504	3,485	3,378	3,502	2,718	2,222	2,355	2,648	3,121
<b>Sub-Total</b>	<b>76,317</b>	<b>74,782</b>	<b>79,524</b>	<b>75,188</b>	<b>75,556</b>	<b>70,813</b>	<b>70,076</b>	<b>67,442</b>	<b>67,395</b>	<b>68,861</b>

# IPDC Juvenile Delinquency Unit

- 2015 – rec'd OJJDP Planning grant
- 2016 – 1 of 2 states that rec'd 2 yr \$750,000 Implementation grant
- 2018 – will need \$340,000 in state funding in FY 2018-19 in HB 1001 to continue our juvenile defense unit
  - provides research, education, and TA to county PDs in JD cases
  - provides specialized JTIP training for PDs in JD cases
  - develops statewide database of services and placements for juveniles
  - develops pool of experts available to assist in eval. & assessmt of juv. clients
  - provides litigation support through social worker/sentencing consultant to assist PDs in developing disposition, treatment, and re-entry plans.

# Working Together for Student Success

Dr. Jennifer McCormick



*Working Together for Student Success*

# Vision

- Indiana will have the **best** Department of Education in the Nation.

*If you want to go fast, go alone. If you want to go far, go together. ~ African Proverb*



# IDOE Operational Objectives

- Communication
- Collaboration
- Capacity
  - Human Capital
  - Resources/Tools



# IDOE Academic Objectives

- Career and Technical Education (CTE)
- STEM: Science, Technology, Engineering, Math
- Reading
- Advanced Placement (AP)/International Baccalaureate (IB)/Dual Credit Programs (DC)



# Serving Vulnerable Youth

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
<b>Total Students</b>	1,122,099	1,130,238	1,130,285	1,131,000	1,133,380
<b>Special Education</b>	155,629 / 13.87%	160,098 / 14.16%	161,671 / 14.3%	162,714 / 14.39%	164,706 / 14.53%
<b>English Language Learners</b>	53,647 / 4.78%	58,541 / 5.18%	60,793 / 5.38%	53,614 / 4.74%	50,677 / 4.47%
<b>Free/Reduced Lunch</b>	511,094 / 45.55%	531,140 / 46.99%	531,482 / 47.02%	526,191 / 46.52%	518,241 / 45.73%
<b>Title 1 Served</b>	319,980 / 28.52%	341,028 / 30.17%	363,500 / 32.16%	377,296 / 33.36%	TBD
<b>High Ability</b>	154,083 / 13.73%	148,554 / 13.73%	150,222 / 13.29%	149,810 / 13.25%	TBD
<b>Homeless</b>	14,653 / 1.31%	16,280 / 1.44%	17,496 / 1.55%	16,184 / 1.43%	TBD
<b>Arrests</b>	not collected	not collected	not collected	484	TBD
<b>Suspensions &amp; Expulsions</b>	245,392	232,227	206,848	194,241	TBD



# Serving Vulnerable Youth

- INK (Indiana Network of Knowledge)
  - Partner to share data with FSSA, CHE, DWD
- Title I Funding
  - Support at-risk youth
- Special Ed Funding
  - S5 Grant for Residential Treatment: \$24M
- New Computer Science Standards
  - Teaching digital citizenship, online responsibility
- Comprehensive Counseling Planning Grants from Lilly Endowment
  - \$9+ million, 284 school corporations and charter schools
  - Focus on academic, college/career, and social/emotional needs



# Serving Vulnerable Youth

- Free & Reduced School Food Program
  - \$5M State Match
- School Safety Training
  - \$750,000/year, 12,000 participants over 7 years
- Pre-K: Support Gov. Holcomb's initiative to expand Pre-K
- Excellence in Performance Grants
  - \$2M for Priority Schools
- Non-English Speaking Students Program \$10.5M/year
- Non-Traditional Students
  - 17,000 students in over 200 programs, \$6.1M/year



# Working Together for Student Success

Dr. Jennifer McCormick



*Working Together for Student Success*

# AGENDA

- **CISC Operational Plan Updates**

- Mary Willis, Chief Administrative Officer, Indiana Supreme Court Office of Judicial Administration

# AGENDA

## ■ Children's Mental Health

- System of Care, Jayme Whitaker, Division of Mental Health and Addiction
- Prevention Programs, Julie Gries, Division of Mental Health and Addiction

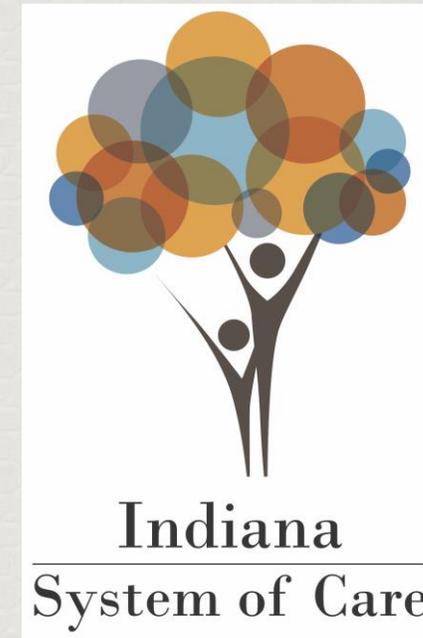


# Indiana Systems of Care

*“Strengthening Our Communities”*

# Systems of Care Handouts

- VISION/ MISSION
- INSOC Voting Membership List
- Youth & Family Subcommittee Information
- LookUP Indiana Initiative
- YouthMOVE Indiana Initiative
- Local Systems of Care MAP
- Local SOC Coordinator Lists
- SOC Regional Training Format
- SOC Community Profiles
- Systems of Care Contact Information



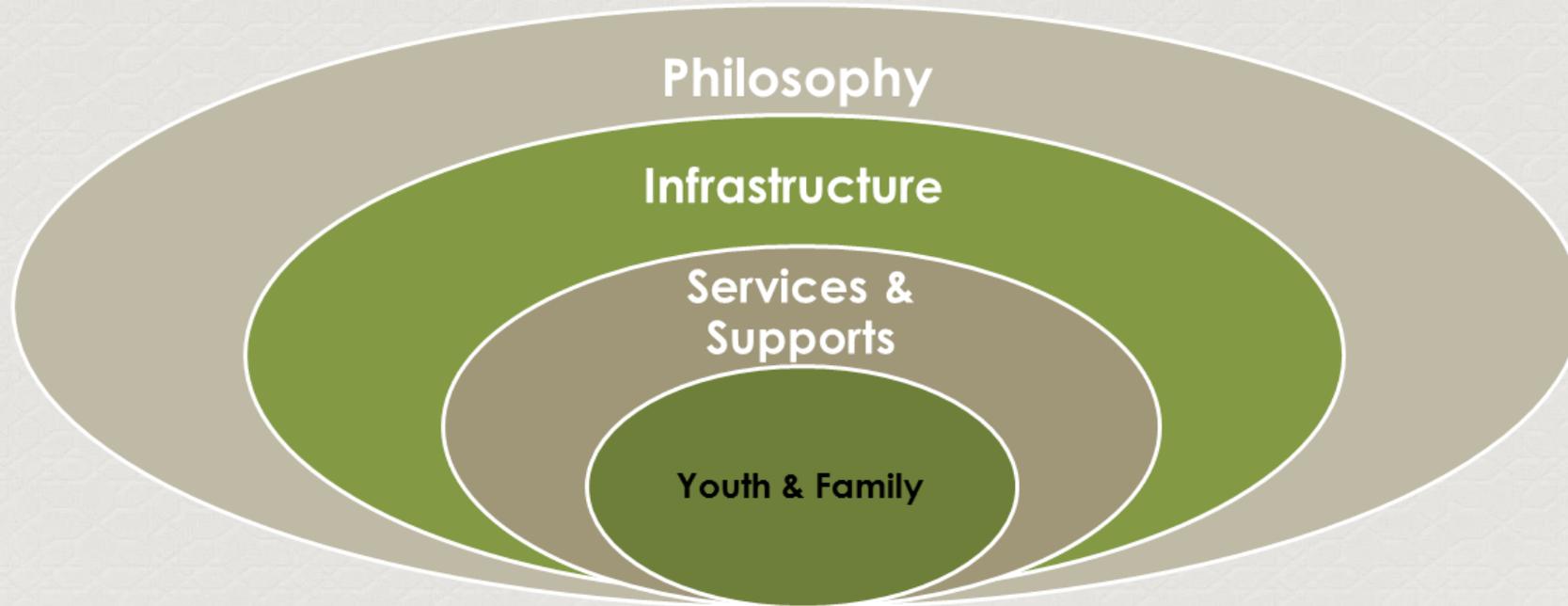
“In seeking absolute truth we aim at the unattainable and must be content with broken portions.”

- Sir William Osler

## IN-SOC VISION

“All young people, surrounded by supportive adults, achieve wellness, engage in their community and together, promote wellness for generations to come.”

# What is SOC?

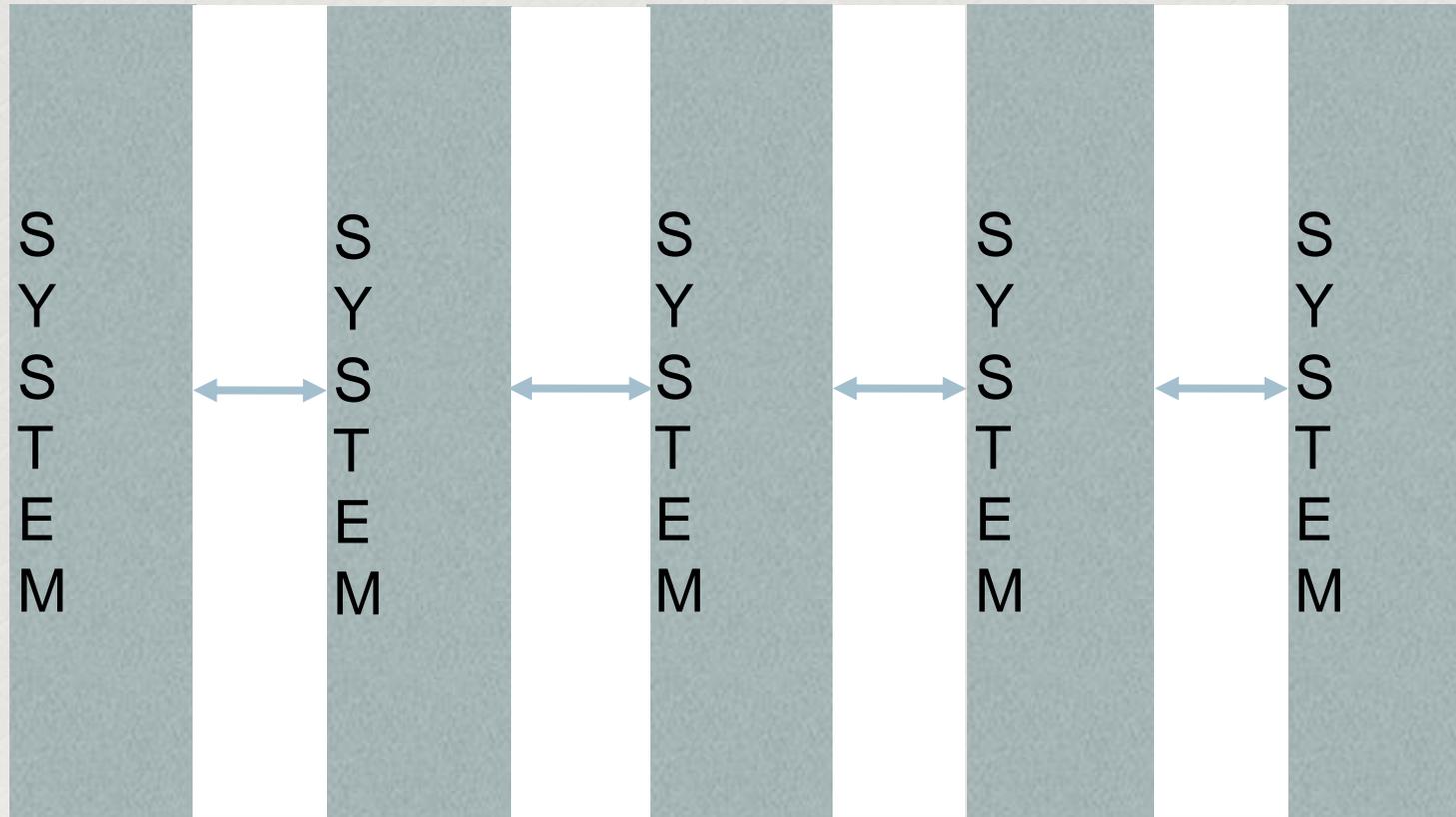


“Cross System/ Population Values  
based Systemic Philosophy”

# Indiana Systems of Care (INSOC) Definition

- The state and local SOC community takes **responsibility for building a comprehensive system** that leads to **sustainable success for youth and families**.
- A **community-based infrastructure** plans, coordinates, implements and sustains the system through accountability, evaluation and quality assurance.
- **Youth and families are important** partners in creation and maintenance of the system.

# Strengthening the “White Space”



# SOC Outcomes

SOC outcomes realized include **decreased**:

- Behavioral and emotional problems
- Suicide rates
- Substance use
- Juvenile justice involvement
- **42%** decrease in use of inpatient psychiatric and residential treatment.
- **38%** decrease in use of juvenile correction (arrests) and other out-of-home placements.
- **57%** decrease in use of physical health services and emergency rooms for behavioral and/or emotional problems.

**Additionally, outcomes include increased:**

- Strengths
- School attendance & grades
- Stability of living situation

(ICF International, 2013)

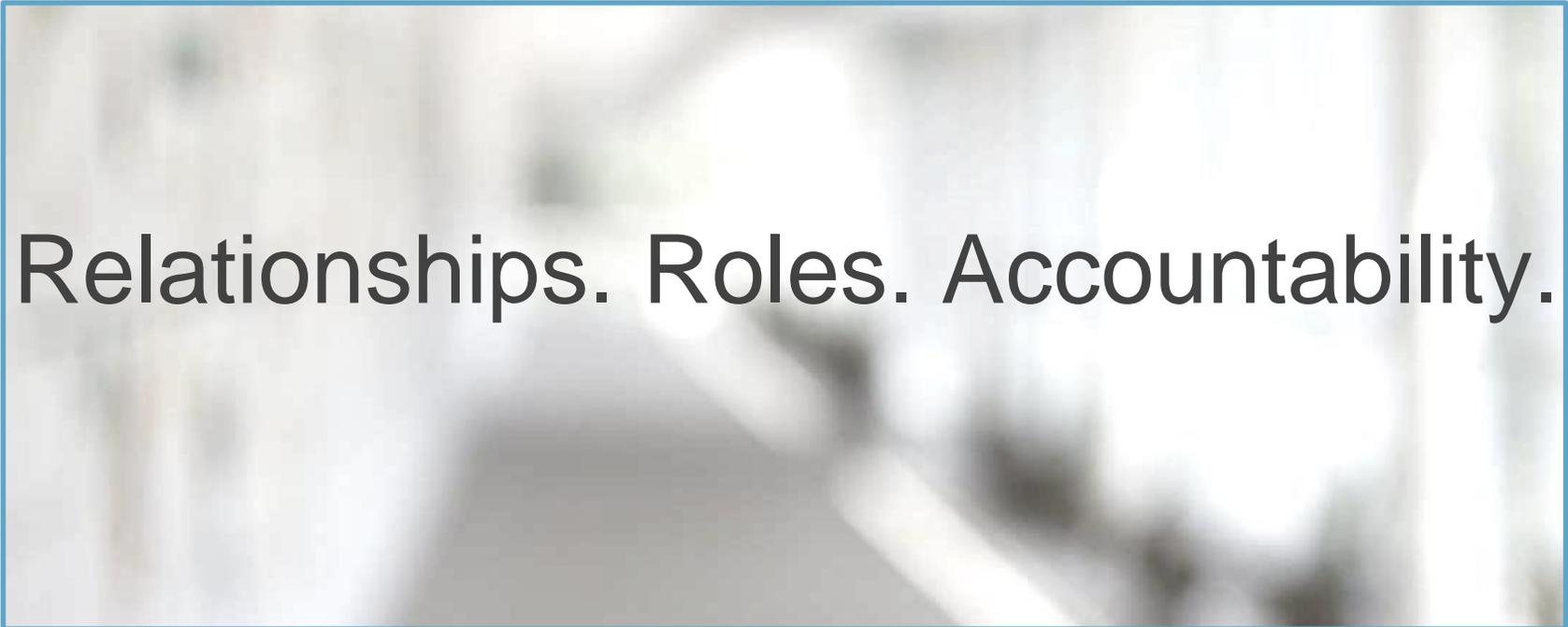
(Stroul, Pires, Boyce, Krivelyova, & Walrath, 2014)



# Indiana Systems of Care: Core Values

- Community-Based
- Collaboration
- Family-Driven, Youth Guided
- Culturally & Linguistically Competent

# Community-Based SOC Philosophy



Relationships. Roles. Accountability.

The locus of SOC management/decision making is at the local/community level—ensuring the system meets the unique needs of the family and youth within that community.

# Child-Centered, Youth Guided & Family-Driven SOC Philosophy

Indiana's goal is to create a culture of inclusiveness for family and youth participation in all levels of SOC planning, implementation, monitoring and process improvement.



# Cultural Competence SOC Philosophy



Local SOC, including agencies, programs & services are responsive to cultural, racial, & ethnic differences of the youth and families they serve.

# Infrastructure

- INSOC - State System of Care Board (29 Voting Members- including 9 Youth/ Family)
- Local Systems of Care- 74 total SOC's
- YouthMOVE- State/ Local
- Youth/ Family Subcommittee
- State/Local Coordination & Technical Assistance

# Theory to Practice

# Questions

# Substance Abuse Prevention Efforts at The Division of Mental Health and Addiction



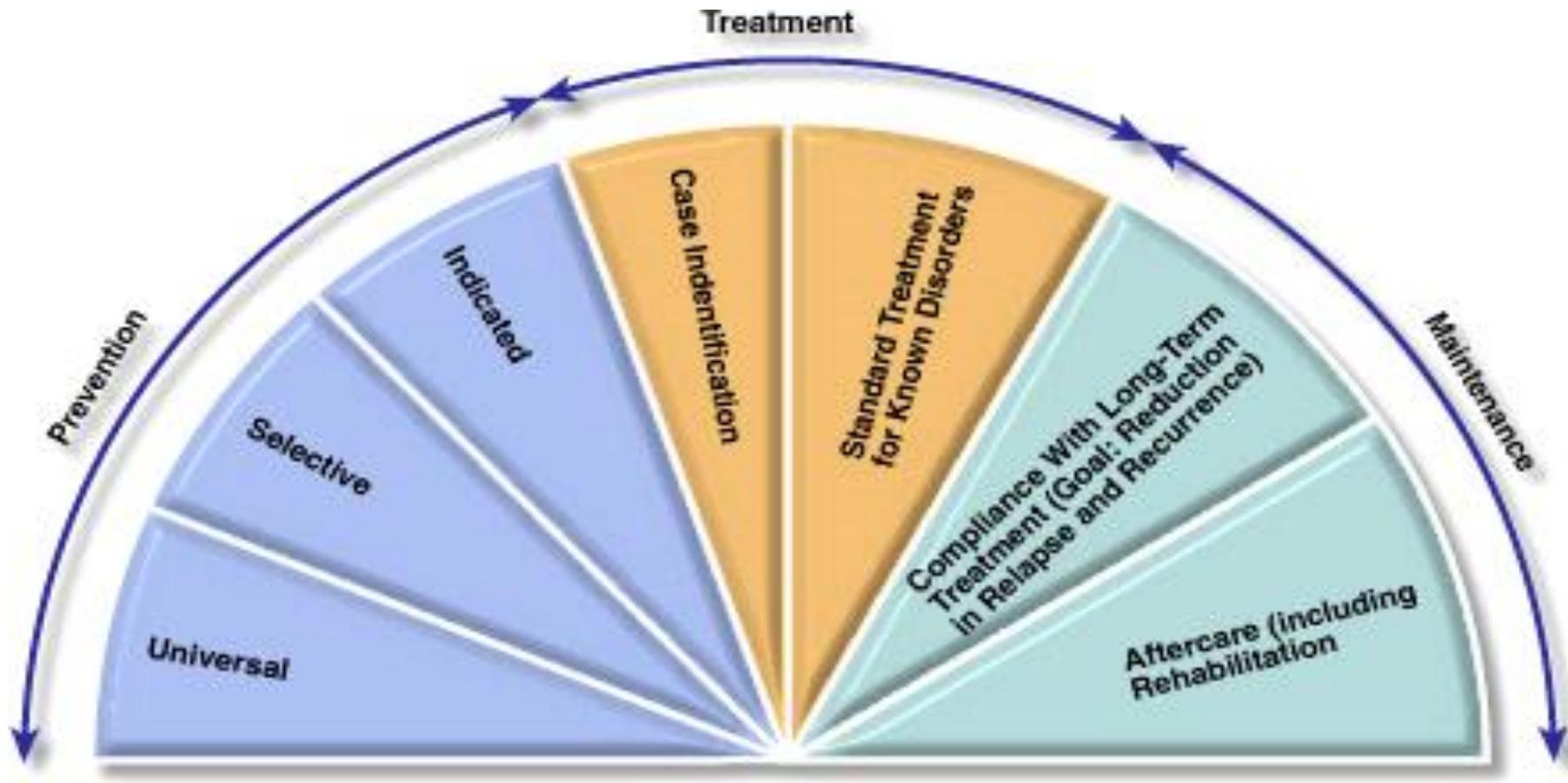
# Some general thoughts about prevention...

- ▶ Results take a long time, are cumulative and are difficult to measure.
- ▶ Effective prevention has been researched.
- ▶ We still see prevention efforts that are ineffective or even harmful being used.
- ▶ The human brain has critical times of development and substance use during those times is particularly destructive and addictive.
- ▶ There are important intervention times, but prevention and mental health promotion are lifetime efforts.
- ▶ Traditional focus on 12-18 year old has expanded. There is a changing landscape.

# DMHA's prevention efforts

- ▶ Are influenced by prevention science
- ▶ Are influenced by data (and outcome driven for block grant funds)
- ▶ Are lifetime and mental health continuum focused
- ▶ Are focused on implementing evidence based programs/practices and promoting evidence based policies.

Prevention is part of a comprehensive strategic method to address substance misuse and abuse across the lifespan.



DMHA strives to address all the prevention domains in state and local program efforts



# Individual and Family



# Peer and School



# Community and Society



# Indiana asks funded communities to utilize the Strategic Prevention Framework



# Where does DMHA's money for substance abuse prevention come from? How are funds being disseminated?

- ▶ Substance Abuse Block Grant set aside
- ▶ Partnerships for Success
- ▶ Other

# DMHA funded initiatives

- ▶ 14 communities with block grant dollars
- ▶ Baby and Me Tobacco Free
- ▶ Project Lead
- ▶ Indiana Coalition to Reduce Underage Drinking/Indiana Collegiate Action Network
- ▶ State Epidemiological Workgroup
- ▶ Indiana Prevention Resource Center
- ▶ Capacity building efforts for the Local Coordinating Council
- ▶ 10 communities for Partnerships for Success/Other activities
- ▶ System evaluation
- ▶ FASD project/ Overdose Lifeline
- ▶ Synar educational efforts

# Indiana's prevention infrastructure

- ▶ DMHA is one of many prevention players
- ▶ Many state agencies do “prevention work” and we are all passionate about a healthy Indiana
- ▶ Healthy communities will support all of our efforts
- ▶ Collaborative efforts have included the Prevention Leader's Group, SEOW workgroup, the Synar Advisory Group and the Evidence Based Practice Work Group
- ▶ DMHA participated in several aspects of the *Governor's Task Force on Drug Enforcement, Treatment, and Prevention*
- ▶ Partnership for Success efforts are in tandem with IPLA, Attorney General's Office and ISDH
- ▶ Eager for greater coordination and work

DMHA strives to coordinate externally with our state and local prevention partners and internally across program areas.



# Stated Goals of the Prevention Leader's Group

- ▶ Share knowledge, definition and application of alcohol tobacco and other drug prevention to drive funding and policies
- ▶ Develop a uniform state policy and implement guidelines around prevention particularly those which are funded through state dollars.
- ▶ Decide a process for educating stakeholders and prevention providers
- ▶ Develop and implement a comprehensive prevention plan

# State Fiscal Year 18

- ▶ Prevention Congress
- ▶ Increased emphasis on serving 18-26 year olds
- ▶ Increased collaboration internally and externally
- ▶ Improved data collection and reporting
- ▶ Improved response towards the opioid crisis
- ▶ Expanded EBP's

# Handouts

- ▶ Prevention description
- ▶ DMHA's prevention logic model
- ▶ DMHA's workplan
- ▶ DMH block grant funded initiatives
- ▶ DMHA's Partnerships for Success funded initiatives
- ▶ The Indiana Prevention Resource Center's Indiana Youth Survey
- ▶ Indiana College survey
- ▶ Others

Questions? Thoughts? Comments?

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the slide, creating a modern, layered effect. The text is positioned in the upper left quadrant of the white space.

# AGENDA

## ■ Legislative Updates

- Parvonay Stover, Legislative Director, Department of Child Services
  - Action Requested-Endorsement of DCS Legislation

# AGENDA

- **Discussion: Future Meeting Topics**

# AGENDA

- **ISDH Safe Sleep Kit**

- Mary Willis, Chief Administrative Officer, Indiana Supreme Court Office of Judicial Administration

# AGENDA

- **Information Sharing Guide Application Demonstration**
  - Ruth Reichard, Indiana Supreme Court, Office of Court Services

# AGENDA

- **Smart on Juvenile Justice (time permitting)**
  - Larry Landis, Executive Director, Indiana Public Defender Council

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## ■ **Next Meeting**

- Wednesday, May 10, 2017
- Indiana Government Center South

## ■ **Future Meetings (Indiana Government Center South)**

- May 10, 2017
- August 16, 2017
- November 15, 2017

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